

PHYSICIANS ORDERS
for
Medical Equipment & Supplies

4102J Buffalo Gap Rd.
Abilene TX 79605
(325) 672-1585
(325) 793-1603 fax

723B Hill Country Dr
Kerrville TX 78028
(830) 896-9191
(830) 896-9190 Fax

1300 Stan Schlueter Loop #300
Killeen TX 76549
(254) 680-4309
254.680.4932 fax

386A Landa St
New Braunfels TX 78130
(830) 608-9577
(830) 608-9799 fax

737 Knickerbocker Rd
San Angelo TX 76903
(325) 653-1077
(325) 658-7035 fax

120 S. St Hwy 46
Seguin TX 78155
(830) 303-8100
(830) 303-8101 fax

1313 S. First St.
Temple TX 76504
(254) 773-4309
(254) 773-4932 fax

Patient Name: _____

HIC# _____

DOB: _____

Date Ordered: _____

Prognosis: _____

Length Of Need: 6 months or less 12 months Lifetime

Diagnosis: _____

Other Supporting
Documentation: _____

<u>HCPCS Code</u>	<u>Description of Equipment/Supply</u>	<u>Qty</u>
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Physician

Physician Fax

Physician NPI# _____

Signature: _____ Date: _____

Physician signature certifies that the above represents his/her judgment of the patient's need for the equipment/supplies indicated above.